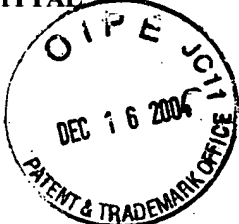


*LPW RCE*  
*2/15*

|   |                       |                      |
|---|-----------------------|----------------------|
| <b>REQUEST FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br> | Application Number:   | 09/645,386           |
|   | Filing Date:          | August 24, 2000      |
|   | First Named Inventor: | D.R. Day et al.      |
|   | Group Art Unit:       | 2155                 |
|   | Examiner Name:        | Benjamin R. Bruckart |
|   | Atty Docket Number:   | AUS920000360US1      |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.  
**NOTE:** 37 C.F.R. § 1.114 is effective on May 29, 2000.

**1. Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_.
  - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_.
  - iii. ☐ Other \_\_\_\_.
- b. ☒ Enclosed
- i. ☒ Preliminary Amendment, 17 pages
  - ii. ☒ Fee Transmittal Form
  - iii. ☒ Supplemental Information Disclosure Statement- 2 refs.
  - iv. ☒ Postcard;

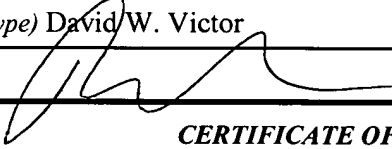
**2. Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_ months. (Fee of \$ \_\_\_\_ under 37 C.F.R. § 1.17(i) is enclosed.)
- b. ☐ Other \_\_\_\_.

**3. Fees**

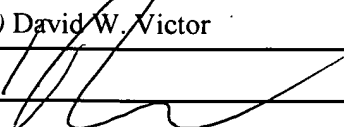
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 09-0447.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
  - ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
  - iii. ☒ Other Charge Any Deficiency.
- b. ☐ Check in the amount of \$ \_\_\_\_ is enclosed.
- c. ☐ Payment by credit card (Form PTO-2038 enclosed) for extending One Month Extension of Time to Two Month Extension.

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED**

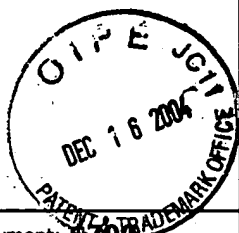
|   |  |
|---|--|
| Name (print/type) David W. Victor   | Registration No. Registration No. 39,867 |
| Signature  | Date December 13, 2004                   |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.


|  |
|--|
| Name (print/type) David W. Victor  |
| Signature  Date December 13, 2004 |

|  |                        |                      |
|--|------------------------|----------------------|
| <b>FEE TRANSMITTAL</b><br><br><b>for FY 2004</b> | Application Number     | 09/645,386           |
|  | Filing Date            | August 24, 2000      |
|  | Inventor               | D.R. Day et al.      |
|  | Group Art Unit         | 2155                 |
|  | Examiner Name          | Benjamin R. Bruckart |
| Total Amount of Payment: <b>\$790</b>            | Attorney Docket Number | AUS920000360US1      |



|   |   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
|---|---|---|-------|--|------|--|-------|---|------|--|-------|---|--------|---|-------|--|-------|---|--------|--|--------|---|--------|---|-------|---|-------|---|--------|--|--------|---|-------|---|--------|--|-------|--|------|---|-------|--|------|---|-------|---|-------|---------------------------------|--|
| <p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 09-0447<br/> <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17<br/> <input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment</p> <p>2. <input type="checkbox"/> Payment enclosed:<br/> <input type="checkbox"/> Ck. No. _____ for \$ _____<br/> <input type="checkbox"/> Ck. No. _____ for \$40<br/> <input type="checkbox"/> Credit Card Approval for _____</p> <p><b>FEE CALCULATION</b></p> <p>1. <input type="checkbox"/> BASIC FILING FEE<br/> Utility Filing Fee:<br/> Large Entity Fee Code 1011 \$300.00</p> <p>2. <input type="checkbox"/> UTILITY SEARCH FEE \$500.00</p> <p>3. <input type="checkbox"/> UTILITY EXAMINATION FEE \$200.00</p> <p>4. <input type="checkbox"/> EXTRA CLAIMS FEES<br/> Total Claims ____ - 20* x \$50= \$ ____<br/> Ind. Claims ____ - 3* x \$200= \$ ____<br/> Multiple Dependent ____ x \$360= \$ ____</p> <p>Subtotal \$ ____</p> <p>*(or number previously paid for)</p> | <p><b>FEE CALCULATION</b> (continued)</p> <p>3. ADDITIONAL FEES (large entity)</p> <table> <tr><td><input type="checkbox"/> Surcharge- late filing fee or oath</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> International type search report</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to action</td><td>\$920</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR after action</td><td>\$1840</td></tr> <tr><td><input type="checkbox"/> Extension for reply- first month</td><td>\$120</td></tr> <tr><td><input type="checkbox"/> Extension for reply- second month</td><td>\$450</td></tr> <tr><td><input type="checkbox"/> Extension for reply- third month</td><td>\$1020</td></tr> <tr><td><input type="checkbox"/> Extension for reply- fourth month</td><td>\$1590</td></tr> <tr><td><input type="checkbox"/> Extension for reply- fifth month</td><td>\$2160</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Brief in Support of Appeal</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Request for Oral Hearing</td><td>\$1000</td></tr> <tr><td><input type="checkbox"/> Utility issue fee</td><td>\$1400</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unavoidable)</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unintentional)</td><td>\$1500</td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Petitions related to provisional applications</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td>\$180</td></tr> <tr><td><input type="checkbox"/> Recordation of Assignment</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Submission after final (37 CFR 1.129(a))</td><td>\$790</td></tr> <tr><td><input checked="" type="checkbox"/> Request for Continued Examination (RCE)</td><td>\$790</td></tr> <tr><td><input type="checkbox"/> Other:</td><td></td></tr> </table> <p><b>SUBTOTAL \$790</b></p> | <input type="checkbox"/> Surcharge- late filing fee or oath | \$130 | <input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet | \$50 | <input type="checkbox"/> Non-English specification | \$130 | <input type="checkbox"/> International type search report | \$40 | <input type="checkbox"/> Requesting publication of SIR prior to action | \$920 | <input type="checkbox"/> Requesting publication of SIR after action | \$1840 | <input type="checkbox"/> Extension for reply- first month | \$120 | <input type="checkbox"/> Extension for reply- second month | \$450 | <input type="checkbox"/> Extension for reply- third month | \$1020 | <input type="checkbox"/> Extension for reply- fourth month | \$1590 | <input type="checkbox"/> Extension for reply- fifth month | \$2160 | <input type="checkbox"/> Notice of Appeal | \$500 | <input type="checkbox"/> Brief in Support of Appeal | \$500 | <input type="checkbox"/> Request for Oral Hearing | \$1000 | <input type="checkbox"/> Utility issue fee | \$1400 | <input type="checkbox"/> Petition to revive (unavoidable) | \$500 | <input type="checkbox"/> Petition to revive (unintentional) | \$1500 | <input type="checkbox"/> Petitions to the Commissioner | \$130 | <input type="checkbox"/> Petitions related to provisional applications | \$50 | <input type="checkbox"/> Submission of Information Disclosure Statement | \$180 | <input type="checkbox"/> Recordation of Assignment | \$40 | <input type="checkbox"/> Submission after final (37 CFR 1.129(a)) | \$790 | <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | \$790 | <input type="checkbox"/> Other: |  |
| <input type="checkbox"/> Surcharge- late filing fee or oath   | \$130   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet  | \$50  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Non-English specification  | \$130   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> International type search report   | \$40  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Requesting publication of SIR prior to action  | \$920   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Requesting publication of SIR after action   | \$1840  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- first month   | \$120   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- second month  | \$450   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- third month   | \$1020  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- fourth month  | \$1590  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- fifth month   | \$2160  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Notice of Appeal   | \$500   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Brief in Support of Appeal   | \$500   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Request for Oral Hearing   | \$1000  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Utility issue fee  | \$1400  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petition to revive (unavoidable)   | \$500   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petition to revive (unintentional)   | \$1500  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petitions to the Commissioner  | \$130   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petitions related to provisional applications  | \$50  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Submission of Information Disclosure Statement   | \$180   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Recordation of Assignment  | \$40  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Submission after final (37 CFR 1.129(a))   | \$790   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE)   | \$790   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Other:   |   |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |

Submitted by:

|                          |  |  |
|--------------------------|--|--|
| Firm or Individual Name: | David W. Victor; Registration No. 39,867 | <br><b>24033</b><br>PATENT TRADEMARK OFFICE |
| Signature:               |  |  |
| Date: December 13, 2004  | Telephone: (310) 553-7977                |  |